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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																																																																																					
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"><div>TOTAL AMOUNT OF PAYMENT</div><div>(\$) 628.00</div></div>		Application Number	09/815,329-Conf. #4666																																																																																																																																																																																																																																																																																																				
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		First Named Inventor	Ryoji Inaba																																																																																																																																																																																																																																																																																																				
		Examiner Name	B. Mutshcler																																																																																																																																																																																																																																																																																																				
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<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">METHOD OF PAYMENT (check all that apply) <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><div><input type="checkbox"/> Check</div><div><input checked="" type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Money Order</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> None</div></div><div style="margin-top: 5px;"><input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP</div><div style="font-size: x-small; margin-top: 5px;">The Director is authorized to: (check all that apply) <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div><div><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div></div><div style="width: 50%;">FEE CALCULATION (continued) 3. 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SUBMITTED BY <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name (Print/Type) Mark J. Thronson</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature </div></div><div style="width: 50%; font-size: small;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Registration No. (Attorney/Agent) 33,082</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date April 23, 2004</div></div></div>				(Complete (if applicable)) <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Telephone (202) 775-4742</div>																																																																																																																																																																																																																																																																																																			